

Act, H.R. 3563, which I have also introduced.

The bill provides \$100 million per year for 5 years to expand research on prostate cancer and provides the resources to develop innovative and advanced imaging technologies for prostate cancer detection, diagnosis and treatment. The bill also allocates \$10 million a year for 5 years for a national campaign to increase awareness about the need for prostate cancer screening and the development of better screening techniques.

Finally, it will spend \$20 million a year for 5 years to improve current, often unreliable, blood tests. Just the other day, Mr. Speaker, as I stood in the bank, I ran into four men, all of whom had recently gone through prostate cancer procedures. And it is so sad when you hear them tell their various stories about how it has affected their lives.

And I do believe that this Congress can do better. I believe that this Nation can do better. So many men have said that they want to be treated, but they are simply afraid; they're afraid of the pain, they're afraid of the embarrassment. And I spend a lot of time in my district preaching, almost, to men to make sure they get the test. But if they don't have to have the test, if they can have a better method of discovering this disease, I want them to have that.

Someone once said that in our time and in our space we can make a difference. And we can make a difference. And I realize that a resolution is one thing, something allocating money to do something is another. And that's why this is more or less a precursor, hopefully, for legislation which will bring about the resources so that we can properly address this issue.

Mr. TERRY. Mr. Speaker, I recognize myself for as much time as I may consume.

Mr. Speaker, in closing, let me just thank Mr. CUMMINGS from Maryland for drafting this resolution and his bill and congratulate him on getting this resolution to the House floor. I encourage all of my colleagues to support it.

With that, Mr. Speaker, I yield back the balance of my time.

Ms. HOOLEY. Mr. Speaker, I, too, would like to thank my colleague from Maryland (Mr. CUMMINGS) for all of his hard work on this piece of legislation. This is something that we should pass. I urge my colleagues to vote "aye."

Mr. BURTON of Indiana. Mr. Speaker, I rise in strong support of H. Res. 353 and I urge my colleagues to support the resolution. I want to thank Chairman DINGELL and Ranking Member BARTON for bringing this resolution to the Floor today. I am proud to be a sponsor of this resolution and I was honored to work with my friend and colleague from Maryland, Representative ELIJAH CUMMINGS—the Democrat sponsor of the resolution—to bring some critically needed awareness to this issue. Representative CUMMINGS has been a true leader on this issue, and today is the culmination of a two-year effort to shine a public spotlight on

this national tragedy. This resolution sends a strong signal to the National Institutes of Health and the private sector that Congress is prepared to help them move prostate cancer detection and treatment into the 21st Century.

Prostate cancer is the most common form of cancer, other than some kinds of skin cancer, among men in the United States, affecting at least one in six American men, a rate comparable to breast cancer which strikes one in seven American women. In fact, prostate cancer is the second leading cause of cancer deaths among men in the United States, after lung cancer, and the seventh leading cause of death overall for men in this country. The National Cancer Institute estimates that in 2007 alone approximately 218,000 new cases of prostate cancer were diagnosed and roughly 27,000 American men died as a result of this disease.

Medical experts do not know what causes prostate cancer. Medical experts do not know how to prevent prostate cancer, but they do know that not smoking, maintaining a healthy diet, staying physically active, and seeing your doctor regularly contribute to overall good health.

While all men are at risk for prostate cancer, some factors increase risk:

Family history. Men with a father or brother who has had prostate cancer are at greater risk for developing it themselves.

Race. Prostate cancer is more common in some racial and ethnic groups than in others, but medical experts do not know why. Prostate cancer is more common in African-American men than in white men. It is less common in Hispanic, Asian, Pacific Islander, and Native American men than in white men.

It is important for men to take advantage of prostate cancer screening exams in order to detect the disease at the earliest opportunity, when it is still curable. Unfortunately, a recent study funded by the National Cancer Institute demonstrated that the most common available methods of detecting prostate cancer, the PSA blood test and Digital Rectal Exam, DRE, the only preinvasive indicators available for the detection of prostate cancer, are not particularly adept at detecting prostate cancer. The study showed that many PSA blood tests that screen for prostate cancer result in false-negative reassurances and numerous false-positive alarms (15 percent of men with normal PSA levels still have prostate cancer). Even when PSA levels are abnormal, 88 percent of men end up not having prostate cancer that would require surgery but undergo unnecessary biopsies. As a result more than 1,000,000 U.S. men have prostate biopsies annually—costing our health care system approximately \$1.44 billion—many of which could be eliminated if we had advanced diagnostic imaging tools.

Today, neither the U.S. Department of Health and Human Services nor the Department of Defense devotes substantial resources to prostate cancer imaging research. I have been told that the National Institutes of Health spent only \$10 million on prostate cancer detection research last year out of a total prostate cancer research budget of \$350 million. In short, there is no concerted Federal effort to bring the equivalent of mammography to prostate cancer detection.

Breakthroughs in the diagnosis and treatment of breast cancer resulted from the development of advanced imaging technologies led by the Federal Government and I am con-

vinced that Federal leadership could lead to similar breakthroughs for prostate cancer. That is why we introduced, along with my colleague ELIJAH CUMMINGS of Maryland, H. Res. 353—Expressing the sense of the House of Representatives that there should be an increased Federal commitment supporting the development of innovative advanced imaging technologies for prostate cancer detection and treatment.

We owe it to ourselves, our fathers, grandfathers, brothers, sons, husbands, and friends to make this effort. I urge my colleagues to support H. Res. 353.

Ms. HOOLEY. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Oregon (Ms. HOOLEY) that the House suspend the rules and agree to the resolution, H. Res. 353, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. TERRY. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

VETERANS' EPILEPSY TREATMENT ACT OF 2008

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2818) to amend title 38, United States Code, to provide for the establishment of Epilepsy Centers of Excellence in the Veterans Health Administration of the Department of Veterans Affairs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2818

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Veterans' Epilepsy Treatment Act of 2008".

SEC. 2. EPILEPSY CENTERS OF EXCELLENCE.

(a) REQUIREMENT FOR ESTABLISHMENT OF EPILEPSY CENTERS OF EXCELLENCE.—Subchapter II of chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:

"§ 7330A. Epilepsy centers of excellence

"(a) DESIGNATION OF CENTERS.—Not later than 120 days after the date of enactment of this section, the Secretary shall designate an epilepsy center of excellence at each of the 5 centers designated under section 7327.

"(b) EXPERT CLINICAL AND RESEARCH STAFF.—Each center designated under subsection (a) shall employ such expert clinical and research staff, including board certified neurologists and neurosurgeons, as may be necessary to ensure that such center is capable of serving as a center of excellence in research, education, and clinical care activities in the diagnosis and treatment of epilepsy, including post-traumatic epilepsy.

“(c) REQUIREMENTS AND OPERATION OF CENTERS.—Each center designated under subsection (a) shall function as a center for—

“(1) research on the diagnosis, treatment, and long-term effects of epilepsy, including epilepsy developed as a result of combat, in order to support the provision of services for such diagnosis and treatment in accordance with the most current information on epilepsy;

“(2) the development of evidence-based methodologies for treating individuals with epilepsy;

“(3) the continuous and consistent coordination of care from the point of referral throughout the diagnostic and treatment process and ongoing follow-up after return to home and community;

“(4) the development of a national system of coordinated care for veterans with epilepsy, including the development and maintenance of a national network of Department health care personnel with an interest and expertise in the care and treatment of epilepsy and the establishment of a referral system and procedure within each Veterans Integrated Service Network;

“(5) assist in the expansion, where appropriate, of the utilization of telehealth technology, including exploring the use of such technology to develop, transmit, monitor, and review neurological diagnostic tests and other applicable uses of telehealth technology for the diagnosis, care, and treatment of veterans with epilepsy; and

“(6) the dissemination of educational materials and research regarding diagnosis, care, and treatment of epilepsy, throughout the Department.

“(d) ADMINISTRATION.—In order to assist the Secretary in carrying out this section, the Secretary shall designate a national coordinator for epilepsy programs who shall report to the official responsible for neurology at the Veterans Health Administration and shall—

“(1) supervise the operation of the centers designated under this section;

“(2) coordinate and support the national network of Department health care professionals with an interest and expertise in the care and treatment of epilepsy;

“(3) ensure that the education and research mission of such centers is being accomplished; and

“(4) conduct regular evaluations of such centers to ensure compliance with the requirements of this section.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2009 through 2013.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7330 the following new item:

“7330A. Epilepsy centers of excellence.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Indiana (Mr. BUYER) will each control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. Mr. Speaker, in this Congress the new Members have taken a great leadership role on many matters, and especially those in the area of veterans affairs. One of those great new Members is Mr. PERLMUTTER of Colorado, and I yield to him as much time as he might consume to explain his bill which is on the floor today and will do so much for so many veterans.

Mr. PERLMUTTER. I thank Mr. FILNER for this opportunity.

Mr. Speaker, I rise today in support of H.R. 2818, the Veterans' Epilepsy

Treatment Act, which establishes a national epilepsy network within the Veterans Affairs health care system.

I introduced H.R. 2818 on June 21, 2007, and now, 1 year later, I'm pleased it was reported out of the VA Committee by a voice vote.

The measure has the support and sponsorship of 135 Members of Congress. And I want to thank Chairman FILNER, Subcommittee Chairman MICHAUD, Ranking Member BUYER, Mr. MILLER from Florida, and their staff for the work they do on behalf of our Nation's veterans and for their work on H.R. 2818.

I also want to thank Majority Leader HOYER for the interest he has taken in this bill, and Rick Palacio from his office.

H.R. 2818, the Veterans' Epilepsy Treatment Act, will establish five epilepsy treatment centers called Epilepsy Centers of Excellence which are going to be co-located at the VA polytrauma centers in Palo Alto, Minneapolis, San Antonio, Richmond and Tampa. These centers will care for veterans experiencing seizures, and especially those we predict will develop epilepsy as a result of suffering traumatic brain injury while serving in Iraq and Afghanistan.

Mr. Speaker, we have a moral obligation to our service men and women who are defending our country overseas to help them when they return home. Our veterans health care system is the best in the world, and H.R. 2818 will make our system even stronger.

□ 1515

Today estimates show some 89,000 veterans have epilepsy and 42 percent of that number is service connected.

Epilepsy is often defined as two or more seizures, and during Vietnam, a number of men and women returned home with head wounds and head injuries. Of those who came home with these types of injuries, some 53 percent developed epilepsy within 15 years thereafter; 15 percent of those who developed epilepsy did so 5 years or more after their combat injuries.

For these service-connected injuries, the relative risk for developing epilepsy is 25 times higher than in the population as a whole. These statistics indicate the number of veterans who will develop epilepsy due to the extended combat in Iraq and Afghanistan is only going to rise. And with the IED injuries that our men and women have suffered, we know that that's going to occur. That is why we need expert clinical and research staff to work together to diagnose, care for, and research the long-term effects of epilepsy.

This bill takes those steps by creating a National Epilepsy Program through the establishment of five sophisticated centers for epilepsy care. In addition, each Veterans Integrated Service Network, or VISN, will have an epilepsy referral clinic and the VA's telehealth capacity will be expanded to

track the neurological diagnostic tests of our rural veterans. These centers will develop and administer treatments and possibly cures for our veterans, allowing them to live their lives to the fullest.

It establishes a National Coordinator For Epilepsy within the VA system, and it will provide educational materials throughout the country to assist people in dealing with epilepsy or those who may come into contact with people with epilepsy.

Moreover, the body of knowledge developed through the research conducted by the VA will help our society as a whole. And I will admit to having a child with epilepsy, and, quite frankly, if, in fact, the research that's developed by the VA assists her, I will be very thankful for that on a personal basis.

The bill authorizes expenditures of \$5 million per year for the years 2009–2013. A small price to diagnose, treat, and research epilepsy for those who have served us so valiantly all around the globe.

Therefore, Mr. Speaker, I urge my colleagues to join me in supporting H.R. 2818, the Veterans Epilepsy Treatment Act. I want to thank the Epilepsy Foundation, the Brain Injury Association, the American Academy of Neurology, the Disabled American Veterans, the Paralyzed Veterans of America, the Blinded Veterans, and the Vietnam Vets of America for their support of this bill. Again, I want to thank the VA Committee for supporting this bill and voting it out by a voice vote.

Mr. BUYER. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 2818, as amended, the Veterans Epilepsy Treatment Act of 2008. It's a bill to amend title 38 of the United States Code to provide for the establishment of Epilepsy Centers of Excellence in the Veterans Health Administration of the Department of Veterans Affairs.

I would like to thank the Health Subcommittee chairman, MIKE MICHAUD, and Ranking Member JEFF MILLER for their work on the bill. They determined that existing six new centers spread throughout the country without utilizing the clinical and scientific expertise available within the VA's polytrauma rehabilitation centers was probably not the optimal approach. So working in a bipartisan manner, this legislation was amended to ensure that there will soon be five polytrauma rehabilitation centers.

We also need to recognize that we have many of these 89,000 veterans who live in rural areas and also will be traveling distances, we need to acknowledge, to these rehabilitation centers; so there is an energy cost issue, which we are going to address here in a moment.

The VA has a long history of providing specialized treatment and research on epilepsy. In 1972, recognizing that head trauma, whether mild or severe, is a risk factor for developing epilepsy, the VA created dedicated centers

to improve the quality of care for veterans who may develop posttraumatic epilepsy as a result of military service. Today the VA operates seven sites with advanced capabilities to monitor and perform epilepsy surgery.

There are, as I said earlier, approximately 89,000 veterans, many of whom also live in rural America, with epilepsy enrolled in the VA health care system. And with the prevalence of combat-related traumatic brain injury among our returning OEF and OIF servicemembers, it is important that the VA is a national leader in the prevention, treatment, and research on epilepsy.

With that, Mr. Speaker, I reserve the balance of my time.

Mr. FILNER. Mr. Speaker, I have no further requests for time, and I reserve the balance of my time.

Mr. BUYER. Mr. Speaker, I yield myself such time as I may consume.

Let me speak to a couple of matters relative here to the House in how we manage the House's business. First I will speak with regard to process.

We are bringing eight veterans bills to the floor all as individual bills. That is very concerning to me because these could have been placed all in one omnibus bill that we would then bring to the floor. It would create better management of the floor. So why is this brought as eight individual bills on suspension? My guess, Mr. Speaker, is that the House is now performing what I would call filling the time. Why are we filling time? Well, because this Congress isn't working on some of the most important issues facing this country.

We have about 35 legislative days left in this Congress. This Congress has not passed a single appropriations bill to run the government. This is a dysfunctional Congress, and we're failing to meet our responsibilities. So while we are not doing the responsibilities of the country, we have to fill time. So they turn to the Veterans' Affairs Committee and other committees and find what are all the bills that you've got out there that we can do on suspension, that we can do on the calendar? Let's fill the time. And that's what is happening here, and it's extremely bothersome to me.

Here the country is facing tremendous issues, whether it's the downturn of the economy, the issues relative to people leaving their homes. We have got an energy crisis with the challenge on how we're going to reduce our energy dependence on a lot of bad actors around the world. We have got the solvency of Medicare issue. We have got the Social Security issue. We have got the AMT patch. We have got immigration. No, this Congress, we're not going to work on those important issues, I guess must be the message that the country is receiving from our acts of today, because we're going to take up a lot of time here on the legislative calendar on eight individual veterans bills. Now, think about that. That's

eight bills split up of 40 minutes on each bill. This is the House equivalent of dilatory tactics when it comes to working on what is important facing the country.

So I guess on the energy issue, I think my colleagues would immediately respond, well, my gosh, Steve, we just voted on price gouging. Okay. I think my Democrat colleagues think that to solve the energy crisis relative to the country, we are going to, let's see, tax the profits of oil companies. We're going to do price gouging legislation. Oh, there must be something going on out there in the futures market; so let's talk about speculators. Let's do nothing with regard to supply.

Now, I am in favor of these Centers of Excellence to advance and coordinate care for veterans with epilepsy. So why am I talking about these other issues? I'm talking about them because they are important issues also facing the country that this Congress is not addressing. And as we continue to work as a Congress to improve the quality of life for our veterans, we must examine the added burden that energy costs are placing upon those who served their country.

Americans are coping with increased energy prices, including veterans. Congress must act to decrease the energy costs. The energy bills we have been voting on in the House are fighting the smoke of the energy crisis in America, not fighting the fires. So my Democrat colleagues love to work on the demand side of the economic equation. Price is fundamental economics. You've got a supply and demand result in the increase in price.

We've got one of my colleagues here that wants a 50 cent consumption tax on gasoline. Why would they be proposing things like this? Well, you propose things like that because you want to compress demand on energy to change the American culture rather than opening up supplies.

Why is this such an important issue? It's an important issue because it impacts veterans. Energy price impacts veterans, and nationwide Americans are now spending nearly 4 percent of their aftertax income on gasoline.

So on this bill on epilepsy, we talked about the fact that we have got 89,000 veterans with epilepsy enrolled in the VA health care system. We now in this bill are saying that we are going to move them to the polytrauma centers. There are five polytrauma centers, which means that individuals to gain access to the polytrauma care centers now have to travel. How do they get there? They either get there through the airlines or through surface transportation. In order to do that, they're facing increased costs to the access of health care. That's why energy is also an important veterans issue.

We are importing over 60 percent of our oil from foreign countries, and as the price of gasoline increases, the cost of food, goods, and medical care go up. Veterans are being hit by increased

prices at the pump, and Congress must make every effort to deal with the heart of the energy issue for every citizen and increase our energy supply. If we increase our supply, we will then decrease energy prices.

Many of America's veterans, as I said, live in rural areas, and they also then get hit the hardest by the increase in gasoline prices. While 4 percent may be the average amount Americans are paying, that figure has surpassed 13 percent in rural areas. Rural Americans are estimated to be paying now over \$2,000 for gasoline this year, and this has a tremendous impact upon our—

POINT OF ORDER

Mr. FILNER. Point of order, Mr. Speaker.

The SPEAKER pro tempore. The gentleman from Indiana will suspend.

The gentleman from California will please state his point of order.

Mr. BUYER. I have the time, Mr. Speaker. I have not yielded for a point of order.

The SPEAKER pro tempore. It is not necessary that the Member under recognition yield for a point of order. The Chair may recognize another who seeks recognition for a point of order.

The gentleman from California will please state his point of order.

Mr. FILNER. Mr. Speaker, clause 1 of rule XVII says: "A member is required to confine himself or herself to the question under debate," which is the establishment of epilepsy centers in this country, "and may not stray from the subject under discussion. If so, a Member may be subject to a point of order that his or her remarks are not relevant to the debate."

And I raise that as a point of order, Mr. Speaker.

Mr. BUYER. May I speak to the point of order?

The SPEAKER pro tempore. The gentleman may speak to the point of order.

Mr. BUYER. Mr. Speaker, the bill before us creates these epileptic centers to be associated with the five polytrauma centers. In order for veterans to gain access to them, they have to be able to travel to get there. The increased price of energy is very important for veterans to be able to gain access to these centers.

It is pertinent, it is relevant, and it is material to this debate.

The SPEAKER pro tempore. The gentleman is requested to continue the nexus to the subject at hand.

The gentleman may proceed.

Mr. BUYER. So have you overruled the chairman's point of order?

The SPEAKER pro tempore. The Chair has simply acknowledged the need to maintain the nexus to the subject at hand. The gentleman may proceed.

Mr. FILNER. Mr. Speaker, if I may say one more thing in support of my point of order.

Before I withdraw my point of order, I would like to point out that the definition of "filling the time" has just been shown by the ranking member.

Mr. BUYER. I ask for a ruling from the Chair.

The SPEAKER pro tempore. The gentleman may proceed.

Mr. BUYER. I ask for a ruling from the Chair on the point of order.

Mr. FILNER. Mr. Speaker, I ask to withdraw my point of order.

Mr. BUYER. I object.

The SPEAKER pro tempore. The point of order is withdrawn.

Mr. BUYER. I object.

The SPEAKER pro tempore. Unanimous consent is not required to withdraw a point of order.

The gentleman from Indiana is recognized.

Mr. BUYER. Mr. Speaker, what I object to is the fact that the chairman of the committee must not care about the increased cost of energy prices on veterans in America. He must not care, Mr. Speaker, because he's so concerned that he wants to raise a point of order against me to silence the issue of the impact of energy prices at the VA on health care, on medical research?

Mr. Speaker, this is a very, very pertinent and important issue. The increased prices to the VA, a few years back we had an emergency supplemental, and part of that was because of the increase in energy costs to the VA. This is a pretty important issue.

So let me now embrace your counsel, Mr. Speaker, to me.

□ 1530

H.R. 2818, as amended, will improve the VA's research. Now why do I mention research? Well, because what we're doing here, we recognize the VA has a long history of providing specialized treatment and research on epilepsy. So now let's talk about the impact on energy prices on research. It's a proper nexus, would the Speaker not agree? The Speaker is stoic.

H.R. 2818, as amended, I believe it improves VA's research, but as we look at this, the research activities consume high amounts of energy, and these activities include using CT scans, MRIs, other medical imaging technology. We use medical testing and other laboratory devices. Research laboratories require high amounts of security to protect personal medical information on research subjects. Laboratory data may examine heating and cooling systems to control specimen temperatures to ensure viability in our research activities. All that requires energy and in fact energy prices will impact the delivery of care that we do at our epileptic centers.

Facility energy consumption also involves power to run computers, printers, scanners, copiers, shredders. Some of these research, medical research projects require specialized lighting and may occur after hours when VA physicians have time to work in their labs and analyze data when these systems would then be shut down.

From 2005 to 2007, the Department of Veterans Affairs' energy costs have increased by 20 percent. The VA's energy

costs have increased 65 percent since the 2003 baseline set by Federal mandates in the OMB energy scorecard.

May I ask the Speaker how much time I have remaining.

The SPEAKER pro tempore. The gentleman has approximately 10 minutes remaining.

Mr. BUYER. The increasing cost of energy is affecting every sector of American life, including the services provided by the Department of Veterans Affairs, which we are not immune to the effects of high fuel prices. Yet, our colleagues, it appears the chairman of the Veterans' Affairs committee, that is so upset now that I am talking about the increase in energy and its impact on the quality of care we can deliver in health care, are not providing the relief on energy costs. We should be looking at ways to reduce the energy burden on the VA.

So when I look at the energy baseline in 2003 in the VA on energy costs and its impact on how we can provide quality health care to our veterans, that baseline was \$287.7 million. Today, that energy baseline—actually, my numbers are of 2007—was \$475.5 billion. That is a 65 percent increase in VA utility expenses.

So with regard to the Speaker's counsel to me that I can talk about energy prices in the VA so long as there is a proper nexus, well, I think if we are talking about a 65 percent increase in fuel prices and its impact upon the VA and how we will be able to deliver not only quality research but also quality health care at our epileptic centers, I think is a pretty important issue.

With that, I reserve the balance of my time.

Mr. FILNER. Before I yield to my colleague on the committee, I just want to point out to the 25 million veterans of our Nation, 100 million people who constitute their families, all of this Nation who cares about health care for our veterans, the benefits for our veterans, all of those who understand that this war is costing us enormous personal tragedies, brain injuries, amputations, psychological wounds, that we have millions of veterans from earlier wars who are suffering, need help from the VA. All of that health care, all of that concern for the VA has been called by my colleague, the ranking member from Indiana, "filling the time." I am happy to fill the time with bills that refer to the health and well-being of all our veterans, whether from this war or from earlier wars.

I would yield such time as she may consume to a very important member of our committee for 16 years, the gentlewoman from Florida (Ms. CORRINE BROWN).

Ms. CORRINE BROWN of Florida. Mr. Chairman, I want to thank you for your leadership on the committee and your leadership for these veterans in this country. And to the ranking member, I know that he did not mean that the leadership of this House, that have

devoted a block of time to talk about the veterans and their service to this country, is filling the time.

I want to thank the leadership, I want to thank the chairman, and I want to thank the Republicans on the committee because we have some issues that we want to talk about honoring veterans that have served this country. So I know he did not mean that talking about veterans, other than Memorial Day or Veterans Day, is filling our time. He didn't mean that, I know that.

So I want to rise in support of veterans-related bills being considered today, and I support all eight of them.

I am pleased to be a cosponsor of House Resolution 1231, supporting Vietnam Veterans Day. In my State of Florida, we have close to 600,000 thousand veterans in Florida, and I am pleased to be given the chance to serve their interests as a member for 16 years on the Veterans' Affairs Committee.

The Vietnam War was a very divisive time in our Nation's history, and I hope that all Americans, through this resolution, will be able to continue to help heal this Nation, and that the Vietnam vets, who so bravely served our country, will finally get the respect they have earned. Let me just say: Vietnam veterans bravely served this country finally get the respect they helped earn.

I am also pleased recently to visit Puerto Rico recently and tour the VA Medical Center in San Juan. I was very impressed with the people who work at that facility and with the people in the territory as a whole. The employees were very professional, and it is a credit to both Puerto Rico and to the VA.

I was also in Ponce, admiring the port there, in my other role as a member on the Transportation Committee, and was very impressed by the city and very pleased that the veterans there have access to the VA clinic.

I support H.R. 4289, to name the VA clinic in Ponce after Captain Rubio, who earned the Medal of Honor for his service protecting his comrades above and beyond the call of duty.

I also rise in support of H.R. 4918, to rename the Miami Veterans Medical Center after one of Florida's bravest servicemen, Private Bruce Wayne Carter, of the United States Marine Corps. His mother still lives in Jacksonville. Private First Class Carter was ordered to Vietnam in April, 1969, and served as a radio operator. When he was 19, and in an act of incredible altruism, he threw himself on an enemy grenade, absorbing the full extent of the blast to protect his fellow marines.

He gave his life in service to our country and to his fellow marines and was awarded the Congressional Medal of Honor. I am pleased to join the entire Florida delegation in support of this legislation in honor of Bruce Carter.

Again, I want to thank the chairman, and I urge all of my colleagues to support all eight bills honoring veterans

on the floor of the House of Representatives today. And once again I want to thank the leadership for bringing these veterans bills up today.

Mr. BUYER. The gentlelady knows quite well, having been here a very long time, that the best way to utilize the floor time, which is extremely important on the important issues facing the country, is that we could have taken these eight veterans bills and consolidated them and brought them to the floor. That is not what we have done.

Half of the bills that we are talking about here today, Mr. Speaker, I say to the gentlelady, is that they are naming bills. They are naming bills. We could have managed the time of the floor much better.

So the gentlelady was absolutely correct. No one here should try to attempt to spin my remarks about filling time as if somehow veterans substantive legislation is not important. The fact that the time on the floor is what is extremely important.

We have 35 legislative days, approximately, to go. I know you're praising leadership, Ms. BROWN, but this Congress, we have not done one appropriations bill to run this country. Mr. Speaker, I think that is correct. I think there are 12 legislative bills. We haven't done any of them. None of them have come to the House floor.

Ms. CORRINE BROWN of Florida. Will you yield?

Mr. BUYER. I yield to the gentlelady.

Ms. CORRINE BROWN of Florida. Sir, I understand what you're saying, but I don't know that it was any different when the Republicans were in charge. The appropriations bills, they are going through the process, they are going through the different hearings and the discussion. But today we have an opportunity to honor the veterans.

Mr. BUYER. I reclaim my time. When the gentlelady brought up with regard to what you did when you were in charge—I will just share this with the gentlelady—the bills that have been brought to the floor here under suspension, in the past, for years now you and I have worked together and served on the Veterans' Affairs Committee. Any time the bill would actually come to the floor, it was always by agreement between the ranking and the chairman and other members of interest, always by consensus and by agreement.

That is not what happened here today. That is not. We did that with regard to seven bills. At the last moment, another bill gets added. We had some general concerns with regard to the language in the bill. But, no, the chairman is going to have his way.

So I just share with the gentlelady that he wanted to roll the minority, no differently than how the Speaker has rolled the committee with regard to the GI Bill and others.

Mr. FILNER. Would the gentleman yield?

Mr. BUYER. I wanted the gentlelady to know when you brought up the issue about, Well, here's what occurred when you were in charge, we had great deference to the Speaker and the access to the floor.

Ms. CORRINE BROWN of Florida. Will the gentleman yield?

Mr. BUYER. My point is that because this Congress has now chosen not to work on these very important issues facing the country, whether it's decreasing the energy prices, on immigration, solvency of Social Security, Medicare, all of these list of issues, we are not doing right now. So we need to be able to say, Okay, what are we going to do with our time. So we take the eight veterans bills that we have and split them each up individually, with 40 minutes on each bill.

I yield to the gentlelady.

Ms. CORRINE BROWN of Florida. Mr. BUYER, I think it is appropriate to take proper time to honor the veterans, and I am very happy that we are doing this today. The appropriation bills, as you know, will be coming up. These are the "must" bills that we have to pass. And so often, as you well know, we take them and we wrap them in a continuing resolution. Hopefully, we will pass several of those bills, but today it is time for us to honor the veterans.

We have passed, working together, the largest VA budget in the history of the United States.

Mr. BUYER. I reclaim my time. If you want to honor the veteran, then help me help this Congress and the American people reduce energy prices that impact upon the VA and other departments of government, but in particular, our veterans today, this bill before us deals with the epilepsy centers. And in order for these patients to gain access to these epileptic centers, they are either going to have to fly or they have got to drive great distances to get there, and there is going to be a cost increase to do that.

So if we are facing now from 2003 to today a 65 percent increase in energy baseline at the Department of Veterans Affairs, carry that across all government. So, today we are going to honor the veterans? We can't do things in a vacuum, I would say, Mr. Speaker. We have to be holistic with regard to how we apply our policies that we do here in Congress.

So with regard to caring for the Nation's veterans, for which we all embrace, we can only do that if we can increase the quality of our health care; at the same time, increasing the access. If we don't work on the increase in energy prices, then it has a depression then upon the access to quality health care.

So we can invest all the moneys we like on improving the quality of care, but if we can't also get them access, then have we achieved the goal for which we desire?

Ms. CORRINE BROWN of Florida. Will the gentleman yield?

Mr. BUYER. I yield to the gentlelady.

Ms. CORRINE BROWN of Florida. Last week, just last week we passed the Amtrak bill, which is an opportunity that we can take people out of their cars and move them forward. I went from downtown Brussels to downtown Paris, 200 miles, 1 hour and 15 minutes. That is the future of this country. We are moving forward. And I know you voted for my Amtrak bill. That is a great step forward.

□ 1545

Mr. BUYER. Reclaiming my time, I appreciate that your own chairman did not object to your words. I voted for your Amtrak bill and I support the increase in our transportation, and I appreciate the deference of the chairman for not objecting to your words being outside of the nexus of the bill. I think they were inclusive of the nexus of the bill, Mr. Speaker, because it is about transportation and how our veterans gain access to the health care system. So I also appreciate the indulgence of the Chair by permitting the gentlewoman to speak and not silencing an individual Member's words on the House floor.

I reserve the balance of my time.

Mr. FILNER. Mr. Speaker, before I yield to the gentleman from Colorado, I heard the gentleman from Indiana object to the naming bills. I guess that would be a unanimous consent request to tell Mr. HASTINGS from Washington, Mr. MILLER from Florida, Mr. FORTUÑO from Puerto Rico and Ms. ROSLEHTINEN from Florida that he doesn't want to hear their bills. That is what I heard.

I yield such time as he may consume to the gentleman from Colorado (Mr. SALAZAR).

Mr. SALAZAR. I want to thank the chairman for bringing up these bills today.

It is actually a little disappointing to stand here and listen to the dialogue, when I know my Republican colleagues on the House Veterans' Committee actually voted unanimously to get these bills to the floor. You know, veterans issues to me are not a partisan issue. We are all Americans. I think all of us support veterans, and we are all doing the best we can to move this thing forward.

Today, Mr. Speaker, I rise to support H.R. 2818, the Veterans' Epilepsy Treatment Act of 2008. I want to especially thank my fellow Coloradan, Congressman ED PERLMUTTER, who introduced this bill. He continues to be a champion for Colorado, for Colorado veterans and veterans across the Nation who suffer from epilepsy.

According to the VA, there are currently 89,000 veterans enrolled in the VA who have been diagnosed with epilepsy. This bill creates a national system of care to treat our veterans, co-located at existing polytrauma centers. This is very important to rural districts like mine, where making health care accessible is a constant challenge.

The Veterans Health Subcommittee has heard about the increasing rates of TBI among our returning veterans. A DOD study after Vietnam found that 53 percent of soldiers with brain injuries suffered from a penetrating TBI, the most severe type of TBI. About 15 percent of these also developed epilepsy soon after their injury.

Longer deployments put our heroes at greater risk for these injuries and mental health conditions. At the same time, advancements in medicine have saved many soldiers from injuries that only a few years ago would have been fatal. The result is a greater number of vets in the VA health care system with these types of injuries.

As a veteran myself, I was proud to serve my country at the end of the Vietnam War. Vietnam veterans returned home with head injuries, TBI and PTSD, but were not properly diagnosed. This bill honors their service by improving access to health care for current and future veterans. H.R. 2818 will go a long way in helping change our health care system to one that is prepared for tomorrow's challenges.

I encourage my colleagues on both sides of the aisle to support this legislation, as we did in the Veterans Affairs Committee, and I want to especially once again thank our Congressman from Colorado, who has a special interest for his leadership in making sure that our veterans have the health care that they deserve.

Mr. BUYER. Mr. Speaker, I yield myself such time as I may consume.

I want to thank the gentleman from Colorado. He is a very valuable member of the Veterans' Affairs Committee. He and I have traveled part of the world together and I have tremendous respect for him. He also knows the Veterans' Affairs Committee works best when it works in a bipartisan fashion. So I turn to my good friend and ask for that help and assistance and best counsel that he can give to the chairman to stop the divisiveness that occurs on the committee by the actions he has been taking.

With that, I embrace the gentleman from Colorado. The gentleman should also know if the House is not going to address the big energy issues that also face America, and in particular your State with regard to oil shale and being able to access important sources of oil for this country, then I have to be able to create the nexus, Mr. Chairman, where I can, to talk about the impact of energy on this country and the impact upon veterans in this country.

With that, I reserve my time.

Mr. FILNER. I am the closing speaker on our side, Mr. Speaker, so I reserve the balance of my time.

Mr. BUYER. Mr. Speaker, I urge my colleagues to support H.R. 2818, as amended, and, with that, I yield back.

Mr. FILNER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, with all the huffing and puffing, I am glad the minority ranking member supports the bill. Let me

remind people what this bill is all about. It is about our veterans. It is about our veterans.

A DOD study after Vietnam found in fact that 15 percent of veterans with severe traumatic brain injury, TBI, developed epilepsy soon after their injury. We know how many TBI victims we have from Iraq and Afghanistan. So as more and more veterans move from DOD health care to the VA health care system, the VA must be prepared to treat TBI and epilepsy.

The Epilepsy Centers of Excellence in this bill by Mr. PERLMUTTER of Colorado would function as centers of research on the diagnosis, treatment and long-term effects of epilepsy. It gives the VA the tools to provide to veterans with epilepsy the quality of care that they deserve.

I join my ranking member in urging my colleagues to support H.R. 2818, as amended.

GENERAL LEAVE

Mr. FILNER. Mr. Speaker, I would ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2818, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. FILNER. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 2818, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title was amended so as to read: "A bill to amend title 38, United States Code, to provide for the establishment of epilepsy centers of excellence in the Veterans Health Administration of the Department of Veterans Affairs."

A motion to reconsider was laid on the table.

PROVIDING FOR AN ADJOURNMENT OR RECESS OF THE TWO HOUSES

Mr. GEORGE MILLER of California. Mr. Speaker, I send to the desk a privileged concurrent resolution and ask for its immediate consideration.

The Clerk read the concurrent resolution, as follows:

H. CON. RES. 379

Resolved by the House of Representatives (the Senate concurring), That when the House adjourns on the legislative day of Thursday, June 26, 2008, or Friday, June 27, 2008, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand adjourned until 2 p.m. on Tuesday, July 8, 2008, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first; and that when the Senate recesses or

adjourns on any day from Thursday, June 26, 2008, through Friday, July 4, 2008, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand recessed or adjourned until noon on Monday, July 7, 2008, or such other time on that day as may be specified in the motion to recess or adjourn, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first.

SEC. 2. The Speaker of the House and the Majority Leader of the Senate, or their respective designees, acting jointly after consultation with the Minority Leader of the House and the Minority Leader of the Senate, shall notify the Members of the House and the Senate, respectively, to reassemble at such place and time as they may designate if, in their opinion, the public interest shall warrant it.

The SPEAKER pro tempore (Mr. SHULER). The question is on the concurrent resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. McKEON. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

GENERAL LEAVE

Mr. GEORGE MILLER of California. Mr. Speaker, I request 5 legislative days during which Members may revise and extend their remarks and insert extraneous material on H.R. 5876 into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

STOP CHILD ABUSE IN RESIDENTIAL PROGRAMS FOR TEENS ACT OF 2008

The SPEAKER pro tempore. Pursuant to House Resolution 1276 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 5876.

□ 1557

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 5876) to require certain standards and enforcement provisions to prevent child abuse and neglect in residential programs, and for other purposes, with Ms. MCCOLLUM of Minnesota in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered read the first time.

The gentleman from California (Mr. GEORGE MILLER) and the gentleman from California (Mr. McKEON) each will control 30 minutes.

The Chair recognizes the gentleman from California (Mr. GEORGE MILLER).